



QUARTERLY

THE ALLERGY AND ENVIRONMENTAL HEALTH ASSOCIATION

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EDITORS' MESSAGE

How are all of you out there? Has your health been improving? I hope so. If not, don't despair, it is possible to get better!

Betty and I have been at this for a few years now and things are definitely looking up for both of us. It has taken a while (a year or two or three...), and it has taken some major changes in lifestyle, and it has all been worth it.

The biggest hurdle seems to be the first one, that is, figuring out what is wrong and what works and what doesn't work, as far as your health is concerned. The basic rules change to "if it makes you sick, admit it - get rid of it or stay away from it". This can be difficult to handle when it's your mother-in-law's perfume, or worse yet, her cooking!

Finding out what is wrong is not always as easy as it seems. For myself the AEHA QUARTERLY was (and is) a great source of information and help. It was the written proof I needed for my husband (and other doubters who passed me off as crazy - and probably still do) and it was a great confidence builder. It gave me that strange sense of relief you get when you find out someone else has the same problem you do. Finding out that something can be done was the best part. I acted on it and so did Betty.

We hope the QUARTERLY is helping you make positive changes to your life. Our goal is to provide you with information and tangible solutions. Education and lifestyle changes are a definite part of getting better. As you already know, there is no magic pill - thank goodness.

Betty and I are getting there and so are you. Keep going...you're doing great!

Please let us know if we can help, or let us know what worked for you.

GOOD LUCK TO YOU ALL!

*Marianne Bertrand
Betty Auslander*

THE QUARTERLY

CO-EDITORS

Betty Auslander
Marianne Bertrand

The AEHA Quarterly publishes scientific and personal material reflecting the needs and interests of people with environmentally related illnesses. The Quarterly does not offer medical advice. People wishing to experiment with changes in their lifestyles should consult a physician.

Letters to the editor and submissions of material for The AEHA Quarterly should be sent to:

Betty Auslander
85 Walmsley Blvd.
Toronto, Ont. M4V 1X7

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The AEHA
P.O. Box 40604
Burlington, Ont., L7P 4W1

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ENVIRONMENTAL SENSITIVITIES

A growing segment of the population experience a variety of adverse reactions to environmental agents at levels well below those that might be deemed to affect average persons. The atypical reactivity is called Environmental Sensitivity.

Subsections of Environmental Sensitivity include labels descriptive of the site of the reaction such as "Asthma" (lungs) or of the mechanism of the reaction such as "Allergy", or of the causative agents such as "Multiple Chemical Sensitivity" or "Electromagnetic Sensitivity".

Typical agents include food, water, airborne substances, electromagnetic fields, and materials typically encountered in our daily lives, including both physiological and psychological stressors.

Sensitivity is highly individualistic, affecting each individual in a unique way, making definition, diagnosis and treatment difficult. Severe sensitivity is called "Hypersensitivity" and in some extreme instances, where a person has a sudden attack called "Anaphylaxis", the condition can be fatal. Symptoms may be mild and merely annoying, or they can be severe enough to interfere with daily activities, family life and career.

Environmental sensitivity is a degenerative illness. Prevention, early detection and treatment are therefore of paramount importance in dealing with this illness. Treatment of Environmental Sensitivity focuses on prevention, prudent avoidance of offending agents, appropriate nutrition, counselling and medical intervention.

Environmental Sensitivity is a relatively new field and as such is subject to considerable variation in interpretation. Environmental Sensitivities have been officially acknowledged as legitimate and compensatable disorders by many governments, agencies and research establishments.

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The Allergy and Environmental Health Association of Canada is a non profit, registered charity.

The Association's mandate is to increase awareness of environmentally related illnesses, stressing recognition, prevention, and treatment, and to advocate for fair and equitable treatment of affected persons.

The AEHA has branches across Canada.

MEMBER PROFILE

DEBRA WRIGHT - IDENTIFYING OPPORTUNITIES FOR HEALTH

Opportunities present themselves to us every day. Each of us decides which ones we want to take. For some time, Debra Wright has selected opportunities to increase her own health and help the health of others. What follows is some wisdom from this extremely knowledgeable and articulate young woman.

As a teenager, Debra suffered two bouts of mononucleosis. These seem to have had long term effects on her health and it is likely that her food allergies started up at this time. For many years after, she endured frequent headaches and required much sleep.

In 1986, she renovated her house and got very sick. Her sickness may well have resulted from her exposure to formaldehyde and other volatile organic compounds being emitted from the building materials. Her M.D. had her blood and hair analyzed and diagnosed candidiasis. He told her to avoid all the foods to which she reacted i.e. dairy, wheat, sugar, yeast. Vitamins were prescribed (at one point she was taking 15 vitamins a day). Debra went to him for six months and did everything he suggested. This required tremendous will-power. It was also very expensive but it did give her a foundation on which to build her own health. She learned to tune into her body's reactions and take immediate action when there was a problem. In this way, she recognized when she began to negatively react to vitamins and herbal teas.

Debra now says that she is healthier than she has ever been in her life. However, she must still follow a rotation diet, avoid sugar, and exercise regularly.

Debra has been with the Canada Housing and Mortgage Corporation (CHMC) since 1979. CHMC is the federal government's housing agency with 2800 employees across Canada. CHMC's mission is to help house Canadians. CHMC has a number of business lines including information transfer, market analysis and mortgage insurance and about 200 active research projects. The nature of these projects

is very diverse. Past projects have included: Dealing with Alzheimers in the home; Garden Suites for elderly relatives; Hazardous Building Materials. CHMC provides grants to individuals or companies who submit research projects that can offer insight into improving housing for Canadians.

Debra's job with CHMC is Senior Advisor Research for Ontario. Part of her job is to work on environmental issues. She works with builders, renovators and suppliers who are interested in using non-toxic building materials. Some of these builders are competing in CHMC's Healthy Housing Awards Program.

Debra is also very involved with CHMC's travelling Healthy Home exhibit which also addresses some of the needs of the environmentally sensitive. It has been at many Home Shows across Canada. Debra has been responsible for training tour guides in all the Ontario locations. She was delighted to be able to share her information with eager volunteers who had little previous knowledge on how to improve the homes indoor air quality and the health of the occupants.

Debra is also responsible for sharing information on non-toxic building materials and environmental sensitivities with CHMC's technical resource people.

Debra has seen a pleasant change in the attitudes of people towards environmental sensitivities over the last 3 years. She now finds that there is a growing awareness and concern about the health and well being of the environmentally sensitive.

If you are planning to do any renovations to your house, you should call your local CHMC office and ask their advice. CHMC has accumulated lots of important information. Free brochures and reports of interest to the environmentally sensitive include:

(continued on Page 4)

MEDICAL UPDATE

ATTENTION DEFICIT DISORDER

Several years ago, the American Psychiatric Association came up with a label for the attentional problems of hard-to-raise children: *attention deficit disorder* or ADD. The child given such a label is said to show the following manifestations:

A. Inattention. At least three of the following:

1. Often fails to finish tasks
2. Often doesn't seem to listen
3. Easily distracted
4. Has difficulty concentrating on schoolwork or other tasks requiring sustained attention
5. Has difficulty sticking to a play activity

B. Impulsivity. At least three of the following:

1. Often acts before thinking
2. Shifts excessively from one activity to another
3. Has difficulty organizing work (this not being due to cognitive impairment)
4. Needs a lot of supervision
5. Frequently calls out in class
6. Has difficulty awaiting turn in games or group situations.

C. Hyperactivity (not always present). At least two of the following:

1. Runs about or climbs on things excessively
2. Has difficulty sitting still or fidgets excessively
3. Has difficulty staying seated
4. Moves about excessively during sleep
5. Is always "on the go" or acts if "driven by a motor"

Some children who are labelled as having an attention deficit disorder are overactive. Others are less active but experience problems concentrating and paying attention and acting impulsively.

The latest label to come from the USA and adopted by UK Professionals is AD/HD (Attention Deficit/Hyperactive Disorder).

Reprinted from The Journal of Hyperactive Children's Support Group, 71 Whyke Lane, Chichester, West Sussex PO19 2LD, Summer 1994.

FOOD ALLERGIES AND ATTENTION DEFICIT DISORDER

A double-blind study of 19 children aged 3 to 12 years with attention deficit disorder found that their symptoms were significantly worse when the children were given food that they were allergic to versus placebos.

S. Strobel, et al., *Journal of Pediatric Gastroenterology*, Nov. 1993

Excerpted from The Human Ecologist, P.O. Box 49126 Atlanta, GA 30359-1126, Summer 1994

(continued from Page 3 - Member Profile)

- Healthy Housing. Practical Tips. Plan On It!
- Clean-up procedures for mold in houses.
- Healthy Materials. A Communiqué on material emission testing and standards activities (a technical publication)
- Under a Green Roof.
- Housing for the Environmentally Hypersensitive (Survey and examples of Clean Air Housing in Canada), 1990
- Survey of Medical Impact on Environmentally Hypersensitive People of a Change in Habitat, 1990

In Ontario, builders can purchase "Environmental Choices for Home Builders and Renovators" for \$30 from the New Home Warranty Program office.

CHMC has built a prototype home in Ottawa for the environmentally hypersensitive. It is going to be tested by having a variety of people with serious sensitivities live in it. You can get a free tour of the Hypersensitive Home by calling (613) 748-2000.

CHMC is currently researching mold in houses. CHMC's current advice is to: clean your fridge drip tray and change or clean your furnace filter every 4 to 6 weeks. If you are not prepared to clean your humidifier weekly, do not use it.

Opportunities galore!

Betty Auslander

DIETARY TREATMENT FOR HYPERACTIVE CHILDREN

"Results of this study suggest that a *low-additive, low-salicylate* diet has a place in the treatment of children with behaviour and learning problems. Dietary factors should be considered as aggravating the underlying predispositions in susceptible children rather than as causing hyperactivity; a positive outcome from dietary intervention is one of degree. A group of 526 children (mean age = 7.8 years) received a low-additive, low-salicylate diet as part of long term management. A positive response was obtained in 79.5% of the children. A normal range of behaviour was achieved in 54.5% of the 25% in whom diet therapy was necessary but not sufficient; half also required stimulant medication. Almost 50% of the participants limited or excluded other foods, particularly chocolate, milk and wheat. An age effect was evident - more responders were in the under-9 group. The likelihood of a positive outcome was higher if there was a family history of allergy or intolerance to any food. The concept of being a "diet detective" stimulated an inquiring attitude in the children using diet therapy for self-management."

J. Breakey, M. Hill, C. Reilly, and H. Connell

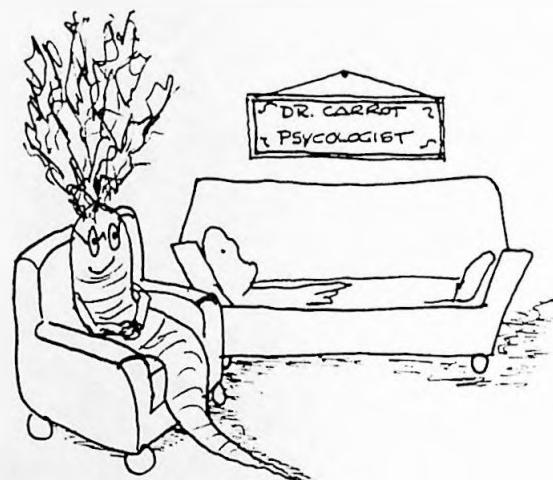
From the *Australian Journal of Nutrition and Dietetics*, Vol 48, September 1991

A PSYCHOLOGIST SPEAKS

The keynote speaker at the AEHA general meeting held on May 14, 1994 was Dr. Jeffrey Phillips, a clinical psychologist from North Bay, Ontario. Dr. Phillips suffers a number of allergies and sensitivities.

In his role as a psychologist, Dr. Phillips has often found it important to identify and treat patients for allergies. He has found that allergies seem to be related to hormonal and endocrine changes that can cause neurological problems or neurochemical imbalances. His awareness of the overlap of these two fields is unusual in his profession.

He has sent children, with attention deficit disorders so severe that they were about to be institutionalized in a psych ward, to Dr. Doris Rapp for identification



and treatment of food allergies. After following her recommendations, these children were able to go to regular schools.

Dr. Phillips has found three approaches to be most useful in assessing and treating his patients. The first approach is the provocative allergy testing of environmental medicine where he can see the moodswings. The second approach is comparing the symptoms he sees with those noted in books that discuss possible causes and treatments. The third approach is applied kinesiology i.e. muscle biofeedback testing that can gauge imbalance and restore balance to muscles, meridians, spine, lymph and circulatory systems. He has personally investigated many conventional and alternative techniques.

He sees many patients who get advice and treatments from a variety of professionals including chiropractors, nutritionists, and psychologists. Ultimately, the patients must sort what is best for them and that well may be a combination of treatments. Most people find there is no magic bullet; that they get worse before they get better; and once they get better, they forget how bad it was and they cheat.

I found Dr. Phillips to be caring, intelligent and articulate. It is wonderful that he has been able to help so many people improve their physical and psychological health.

Betty Auslander

ALLERGY DRUGS LINKED TO TUMOUR GROWTH

Results of laboratory tests on mice arouse concern among researchers

A variety of widely used allergy medications appear to speed the growth of cancerous tumours in laboratory mice, according to a study by Canadian scientists.

The researchers found that three antihistamines - Claritin, Hismanal and Atarax - acted as "tumour promoters." This means that although the drugs did not cause the cancers they did accelerate the growth of existing tumours in the mice.

"We don't want to cause panic," said Dr. Lorne Brandes, who headed the research team at the Manitoba Cancer Treatment and Research Foundation in Winnipeg.

But he added that further studies should be carried out to determine whether these drugs, which are used for relief of hay fever, allergies or itching, also promote cancer growth in humans.

"Some people take these medications for the entire [allergy] season. If there are risks... I think we should at least try to understand what they might be."

A representative for Schering-Plough Corp., which makes Claritin, insisted that the medication has been extensively tested for safety.

"In 1.5 billion patient-days of use, no drug-related carcinomas have ever been reported," Dr. Francis Cuss, vice-president of the biological research, said in a telephone interview from his office in Kenilworth, N.J.

The Canadian study is published today in the Journal of the National Cancer Institute, based in Bethesda, Maryland. But an editorial in the same issue of the journal warns against drawing hasty conclusions from a single study involving rodents.

"It is our belief that human data, when available, should be the primary basis upon which decisions

about medical and public health practices are made," writes Douglas Weed, a senior official with the U.S. National Cancer Institute in Bethesda. "At this time, we recommend no changes in current practice."

As part of the study, the researchers tested five different antihistamines, of which three seemed to promote cancer and two did not.

The mice were first injected with either melanoma (a skin cancer) or fibrosarcoma (a soft tissue cancer) cells. Some of the mice were set aside and did not receive any drugs. The other mice were divided into groups and received human-equivalent doses of one of the five antihistamines for 18 to 21 days.

At the end of the experiment, all the tumours were surgically removed, weighed and compared among treatment groups.

The rodents that received Claritin (also known by the generic name loratadine), Hismanal (astemizole) or Atarax (hydroxyzine) had tumours that were 1.5 to 3 times larger than those in the mice that did not receive the medications, Dr. Brandes said.

Hismanal is made by Janssen Pharmaceutica of Piscataway, N.J., while Atarax is made by Roerig, a division of Pfizer Pharmaceuticals, of New York, N.Y.

Two other antihistamines, Nyquil (also known by generic name of doxylamine) and Reactine (cetirizine), did not seem to speed up cancer growth in the mice that received them.

Dr. Brandes noted that all the drugs are equally effective antihistamine agents. Why then would some antihistamines appear to promote cancer growth while others don't?

One of the researchers, Dr. Frank LaBella, a professor of pharmacology at the University of Manitoba, speculated that the apparent cancer promoters may be more effective in penetrating the cell and disrupting regular activities that regulate growth. He said that antihistamines normally bind to receptors on the surfaces of cells, but that certain antihistamines may be also binding to enzymes.

within cells, and preventing them from doing their normal work.

"So what may be happening is that whatever substances that are normally regulated and maintained [by the enzymes] are disrupted."

Both Dr. Brandes and Dr. LaBella are concerned that a wide range of drugs, with similar structural properties, may be promoting cancer growth. In a separate study published two years ago, Dr. Brandes and his fellow researchers found that Prozac, a popular antidepressant medication, also appeared to speed the development of certain cancers in mice.

Eli Lilly & Co., the maker of Prozac, insists the drug is safe.

With so much at stake, the study by the Canadian researchers is bound to come under close scrutiny from pharmaceutical companies and regulatory authorities.

Meanwhile, Canadian officials, like their U.S. counterparts, believe it's premature to change existing regulations regarding the drugs.

"This is one study by one research group," said Dr. Brian Gillespie, chief of the drug evaluation division of Health Canada in Ottawa. "Like any scientific study, it needs to be validated by other independent researchers. There is always the difficulty of extrapolating the data from animal models into humans."

He added that Canadian officials will continue to monitor the scientific research and "we will be having discussions with the manufacturers to see where we go from here."

"The long-term risk of many medications remains to be determined. And this is another little warning bell to people who pop things at the least pretense," said Dr. Brandes.

Written by Paul Taylor
Reprinted by permission, *The Globe & Mail*, May 18, 1994.

INCREASE IN ALLERGIES

Many studies have noted the increasing incidence of atopic (allergic) reactions such as asthma, rhinitis, and skin eczema over the past few decades. A study in Wales noted that the incidence of hay fever rose from 9 to 15% between 1973 and 1988. Increasing levels of sulfur and nitrogen oxides, ozone, combustion products, and other air pollution sources worsen asthma and other allergies by several pathways.

P.G.J. Burney, et al., *Clinical and Experimental Allergy*, June 1993.

MINT TOOTHPASTE AND ASTHMA

A 21-year-old nonsmoking woman on asthma medication suffered 10 acute asthma attacks requiring hospital care after using mint toothpaste or eating mint candy. After she began avoiding mint products, the asthma attacks stopped. Although the terpenes in mint are not highly toxic, they can cause reactions in a few sensitized individuals.

Javier Subiza, et al., in *Journal of Allergy and Clinical Immunology*, December 1992.

CANDLES AND HEALTH PROBLEMS

A 60-year-old man suffered severe skin eczema and inflammation when exposed to candles burning in a cathedral in Cologne, Germany. His skin got especially worse on days when many candles were burned, and improved after several days away from the candle burning. The benzoyl peroxide used to bleach candles may have played a major role in this man's skin problems. Other research has noted that candle burning can significantly worsen asthma in sensitive individuals.

Bernd Bonnekoh and Hans Merk, *Contact Dermatitis*, (Copenhagen, Denmark), May 1991.

PESTICIDE EXPOSURE, IMMUNE ALTERATION AND ANTIOTIC SENSITIVITY

Detailed immune studies were done on 12 people exposed to the pesticide chlorpyrifos 1 to 4 years earlier. One patient was exposed to a pesticide spill, while the other 11 were exposed to routine spraying of chlorpyrifos at home, school or work. As compared to 56 control patients, the chlorpyrifose-exposed patients had much higher levels of CD26 lymphocytes and much higher auto-antibodies to smooth muscle, parietal cell, brush border, thyroid gland, myelin, and antinuclear cells. Four patients developed allergies to antibiotics following chlorpyrifos exposure. Many of these patients also developed fatigue, dizziness, joint pain, lack of concentration, and other symptoms when exposed to low levels of pesticides and other chemicals.

Other research published in the July/August 1992 *Toxicology and Industrial Health* and abstracted in the Fall 1993 *Human Ecologist* notes that casino workers developed nausea, chronic fatigue, difficulty concentrating, memory loss, multiple chemical sensitivities (MCS) and other symptoms following exposure to routine chlorpyrifos spraying.

Jack Thrasher, et al., *Archives of Environmental Health*, March/April 1993.



CHRONIC FATIGUE SYNDROME AND DEPRESSION

Detailed psychiatric studies were conducted on 69 chronic fatigue patients (CFS), 65 multiple sclerosis (MS) patients who were experiencing chronic fatigue, and 20 patients with major depression. The CFS and MS patients were similar on most psychiatric tests. The depressed patients had many more positive psychiatric diagnosis than the CFS patients - including much higher scores on depression, avoidance, passive-aggressive, self-defeating, and borderline personality disorders. Although 23% of the CFS patients had psychiatric problems such as depression and anxiety, in 56% of these cases their psychiatric problems came after CFS onset. The researchers concluded that there are major differences between CFS and depressed patients, and CFS cannot be attributed to depression alone.

Other research has noted that many MCS and CFS patients are psychologically quite healthy, and any psychological problems, such as depression or anxiety, usually come after CFS or MCS onset.

Carolyn Pepper et al., *Journal of Neuropsychiatry*, Spring 1993.

The above five updates were reprinted from *The Human Ecologist*, P.O. Box 49126, Atlanta, GA 30359, Winter 1993.

LEGAL ISSUES

THORNY ISSUES IN INDOOR AIR QUALITY (IAQ) POLICY

Special interest factions are beginning to be clearly identified with particular legislatively important IAQ issues and are breaking up into readily identifiable "blocks": unions, consumer and health groups; building owners and managers; product manufacturers; and the federal government.

Important players have recently included, on the health/consumer/union side: the AFL-CIO (representing 13 million workers), the American Lung Association and the Consumer Federation of America (an umbrella organization of local state and national organizations representing a combined membership of 50 million).

On the building owners' and managers' side are the Business Council on Indoor Air (an association of building owners, product manufacturers, and others) and the Building Owners and Managers Association (98 local associations representing 5 billion square feet of commercial building space).

On the product manufacturing side are the Total Indoor Environmental Quality Coalition of the National Environmental Development Association; and, the National Association of Manufacturers (whose members are said to employ 85 percent of all manufacturing workers and to produce 80 percent of all goods manufactured in the U.S). (The Business Council on Indoor Air sometimes joins this group as well.)

Although the AFL-CIO has supported IAQ legislation in the past, its support has not been overwhelming—in part, some say, because its membership is split between service workers (who place high priority on IAQ) and manufacturing workers (who regard it as less critical). The health and consumer interests generally support IAQ regulation now and research later. Building owner groups and manufacturing interests want to see the research first before any regulation is acceptable: "Politicians must realize that just doing something is not the same as acting responsibly...."

Surprising some, EPA itself favors full exploration of "the potential for voluntary actions to control indoor air quality before we would turn to a mandatory program." EPA's Indoor Air Division (\$3 million, 20 staffers) has "made its reputation as a sleek entrepreneurial outfit that gets things done," according to one source. If the division had to enforce IAQ rules, its budget could be depleted, ongoing relationships with many different interest groups in the IAQ area could be jeopardized, and the division itself could become a vulnerable target for litigation.

Another sticky problem in the IAQ legislation area is the role of NIOSH and OSHA in workplace IAQ. Product manufacturers and building owners and managers may object to any infringement on OSHA's workplace regulations, since "any legislation addressing...[IAQ] cannot fail to acknowledge the primary roles of NIOSH and OSHA in evaluating scientific issues and developing appropriate guidelines and standards for the protection of workers...from indoor air contamination." Product manufacturers may believe that, since OSHA already sets standards for permissible exposure limits (PELs) in manufacturing workplaces, those standards should be the *only* standards permitted for any workplace, manufacturing-related or not. A double standard (one for blue collars, one for white collars) "will never happen." "What's far more likely is that the industrial workplace standard would be extended to office buildings and the like..."

—Jason Fry, *Indoor Air Review*, April 1994

Excerpted from *The Human Ecologist*, P.O. Box 49126, Atlanta Georgia, 30359-1126, Fall 1994

CASINO EMPLOYEES AWARDED WORKERS' COMPENSATION FOLLOWING PESTICIDE POISONING

Twenty-three former dealers at Harvey's Lake Tahoe Casino injured by the application of the pesticide Baygon and Pyrethrins in March 1990 were awarded workers' compensation in August 1993. Although

the case is now under appeal, if sustained, it will be the first time Nevada awarded workers' compensation for employees who developed MCS following a workplace exposure.

Evaluating the Pesticide Poisoning at Harvey's

More than 250 employees had consulted local physicians and emergency departments regarding work-related symptoms in the months following the application of the carbamate pesticide Baygon and Pyrethrins to Harvey's Casino in March 1990. Even the OSHA Industrial Hygienist (IH) who examined the pit area over a week after the initial incidence of illnesses experienced cramps, chills, nausea, and headache. He detected the sweet, unusual smell that employees had noticed.

Nineteen workers still sick nine months after the toxic exposure were referred to Dr. James Cone at the University of California San Francisco (UCSF) Occupational Health Clinic. While Harvey's medical consultant maintained that the event was mainly "building-related mass psychogenic illness," Dr. Cone advanced the hypothesis that this outbreak represents acute and chronic poisoning with a cholinesterase-inhibiting pesticide (probably the carbamate pesticide, Baygon [Propoxur] mixed with organic solvent carriers). "Four of the workers had a red blood cell (RBC) cholinesterase below the range of normal for the laboratory doing the testing further supporting the impression of clinical pesticide poisoning."

Twelve of the nineteen workers (63%) experienced an onset of 'sensitivity' or intolerance to perfumes, gasoline, newsprint, cleaning materials, pesticides, and other solvent-containing materials. Those with hypersensitivities (referred to as "acquired intolerance to solvents" in the study) reported headache, a history of thyroid disease, and blurred vision more often than others.

Predominant symptoms were headache, numbness, nausea, palpitations, memory loss, shakiness or tremors, dizziness, more fatigue than usual, acute intoxication symptoms at work, and depression. Excessive sweating, visual symptoms, and mucous membrane irritation were also noted.

Symptoms of the 19 workers reported by body system and incidence include:

General Symptoms:	Skin rash (47%), excessive sweating (47%); weight loss (42%); joint pains (37%); dysfunctional bleeding (29%); metallic taste in mouth (16%); muscle cramps (16%); abdominal menses (12%)
Eye, Ear Nose & Throat Symptoms:	Dizziness (74%); blurred vision (42%); eye irritation (37%); nose irritation (32%); ringing in ears (26%); throat irritation (21%); tunnel vision (16%)
Chest Symptoms:	Palpitations (68%); chest pain (32%); shortness of breath (26%); cough (16%)
Gastrointestinal Symptoms:	Nausea at work (68%); diarrhea (32%); vomiting (32%)
Neurologic and Neuropsychologic Symptoms:	Headache (90%); numbness of face or extremities (74%); acute intoxication symptoms at work (63%); difficulty concentrating (63%); more fatigue than usual (63%); short term memory loss (58%); shaking/tremors (53%); depression (53%); anxiety (37%); syncope (21%); sleep disorders (5%).

(Cone, James E., Sult, Thomas A. "Acquired Intolerance to Solvents Following Pesticide/Solvent Exposure in a Building: A New Group of Workers at Risk for Multiple Chemical Sensitivities?" *Toxicology and Industrial Health* 1992; 8:29-39.)

Reprinted with permission from *The Delicate Balance*, 1100 Rural Ave. Voorhees, N.J. 08043, (609) 429-5358.

NJ GOVERNOR FLORIO SIGNS ON TO IPM

On December 23, New Jersey governor James Florio signed an Executive Order directing the state's Department of Environment Protection and Energy (DEPE) to implement a pilot pest control program using Integrated Pest Management (IPM) to be used as a model for all state buildings and grounds, and to develop model contract language for state procurement of pest control services using IPM.

methods.

The New Jersey DEPE estimates that approximately three million pounds of chemical pesticides are used annually in the state by commercial applicators and agricultural users of pesticides. This estimate does not include pesticides used by homeowners.

New Jersey's move toward IPM for state properties began in the mid-80's when DEPE tested and switched to *Bacillus thuringiensis* (*B.t.*), a naturally occurring bacterium, for aerial control of gypsy moths. Today a number of state buildings, though not all, are maintained using IPM techniques.

The executive order defines IPM as the use of a combination of pest monitoring, good sanitation practices, appropriate solid waste management, building maintenance, alternative physical, mechanical and biological pest controls, and only as a last resort the use of the least hazardous chemical pesticide.

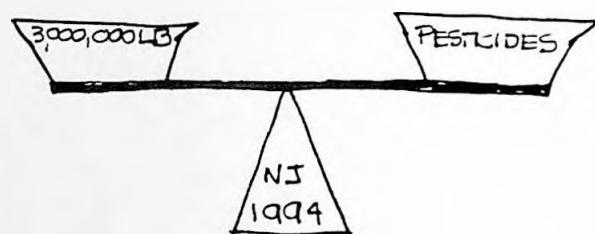
The order requires that the DEPE appoint a task force within thirty days of the effective date of the order to study the potential for increased use of IPM techniques by state agencies. The task force will include state officials and employees, pest control firms, and representatives of environmental or other non-profit organizations whose purposes include the study and promotion of IPM methods.

As part of the educational process, the DEPE Pesticide Control Program awarded nearly \$500,000.00 in grants to the Department of Agriculture and Rutgers University to research IPM use and alternatives in pesticides.

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TOXIC RELEASE INVENTORY (TRI)

In January EPA proposed to add 313 new compounds to the 320 already on the TRI: a list of chemicals about which companies must annually report estimated releases into the environment (if the company makes, uses, or imports more than 10,000 pounds of a given substance in a year). The new TRI additions include 170 active pesticide



ingredients (including atrazine, aldicarb, malathion, and permethrin); 25 inorganic compounds (including fluorine and bromine); and 118 miscellaneous organics used in the industry.

--David Hanson, *Chemical & Engineering News*, Jan 17, 1994.

Excerpted from *The Human Ecologist*, P.O. Box 49126, Atlanta, Georgia, 30359-1126, Fall, 1994.

WHAT REPRODUCTIVE TECHNOLOGY CAN DO, AND WHAT IT SHOULD DO.

When "Proceed with Care: Final report of the Royal Commission on New Reproductive Technologies" was released last November, it represented the most far-reaching study into new reproductive technologies ever undertaken. The precedent-setting report examined reproductive issues in a uniquely Canadian context from the point of view of their impacts on women, children, families, the disabled and minorities.

"Proceed with Care"

Final report	\$ 52.00
Summary and Highlights:	\$ 9.95
Research Papers	\$ 29.95 ea.

Available through your local bookseller or by mail from:

Canada Communication Group - Publishing,
Ottawa, Canada K1A 0S9
Tel: (819) 956-4800, Fax: (819) 994-1498

FOOD & NUTRITION

FOOD MANAGEMENT FOR ROTATION DIETS

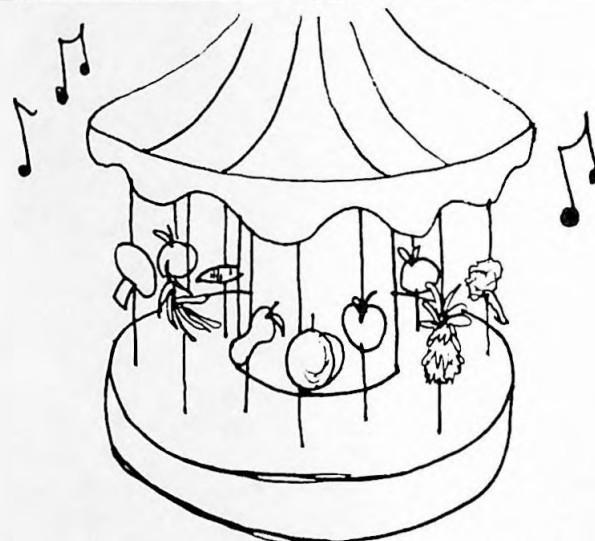
A rotation diet, in which no food is eaten more often than one in four days or more, has proven effective in coping with multiple food allergies. The diet usually works - but so does the dieter. The daily chore of providing different safe foods at every meal for three or more days in a row can become a tedious burden. Serious food rotators must avoid most commercial products because of questionable food additives. Such restrictions consequently require the allergic to "cook from scratch." For these reasons, I hope some of the following information can be useful.

I will start by assuming that you are already dedicated to using organic foods as much as possible and that you have an adequate freezer. When thinking about food preservation, start with the mindset that anything and everything can be preserved by freezing. To be sure, some foods are altered by the process, but you can also alter how you use them. Fresh raw strawberries and raw tomatoes offer good examples. Nobody defrosts a package of strawberries and expects them to revert to the fresh fruit that was bought. Frozen raw tomatoes cannot end up in a salad, but they are useful in soups or sauces.

Almost any kind of food will freeze for some kind of use. Consider the ease of heating frozen, already-cooked foods on the stove in a vegetable steamer. Even cooked vegetables will freeze.

If you deliberately plan ahead to freeze, a little undercooking helps. I even freeze shredded cabbage that has been stir-fried and seasoned. My favorites, however, are mashed root vegetables. You can mash cooked carrots with an ordinary hand potato masher, add a little butter, if you like, and pack into glass jars to freeze. For another nutritious variation, combine the cooked carrots with parsnips or potatoes.

Good alternatives to plastic containers for freezer packaging are glass and aluminum foil. Cellophane



bags are also available by mail order from various outlets. For economy, most people will want to settle for glass jars. Canning jars are entirely suitable, but I personally prefer supermarket jars that I have accumulated. Assorted glass jars from commercially processed foods can be collected in sizes from one ounce to a half-gallon or more. One- and two-ounce jars (originally from chopped pimentos and baby foods) are convenient for freezing small amounts of lemon juice, for example. If you decide to save supermarket jars, look for those that are "wide-mouthed," have straight sides and are without "shoulders." Most jars will seal securely by placing a small piece of aluminum foil between jar and lid. Use another tolerated material for high-acid foods.

To prevent your jar from breaking, don't overfill. The contents need room for expansion (Physics 101). And contrary to what you might think, you may not always be able to "eyeball" what's in the jar after freezing because of frequent frost buildup. That makes labelling essential. Use freezer tape and grease pencils to record contents and date frozen. You can also use masking tape, if you label before your jar has chilled -- new labels won't stick to chilled jars. Cooked foods are best packed while still hot and then quickly chilled. Nutritionists, dieticians, and laboratory scientists tell us that this practice inhibits the mold and bacteria that grow rapidly on food at room temperature.

Home-cooked applesauce freezes well, but be sure to have it in a straight-sided jar for easy removal. With the exception of citrus, most fruits can be sliced or cut, then cooked and packed in jars. This beats standing over a hot stove to can, as our mothers or grandmothers did. They had to set aside days in order to achieve the same bountiful results that you can easily obtain by putting into effect an ongoing system.

Frozen cooked cereal grains can make quick work of breakfast or other meals. On a day when you are preparing rice, millet, quinoa, or other grains, consider cooking a double or triple amount. Pack the extra in low, wide-mouth jars. Preheat in a saucepan with a steamer basket for a quick hot cereal on a morning when you are rushed.

Baked sweet potatoes and yams are also handy to have in the freezer. When you are planning to have a sweet potato for dinner, don't waste energy baking just one or two, bake at least four or five. Use a conventional oven on high heat -- 475 to 500 degrees. This will caramelize the natural sugars and make them especially tasty. When the sweet potatoes are tender and cool enough, cut them into 1/2-to 3/4-inch slices and freeze in foil or cellophane bags. Defrost when ready to use, and heat the slices. For a different treat, put them directly into a frying pan with a little butter until the slices are golden brown on both sides. Yummy!

Are you planning to have chicken tonight? Don't roast one or two thighs -- make it five or six. Eat one or two and wrap the others in foil or cellophane for another meal. Do the same for other meats -- pork chops, lamb chops, or any roasted meats.

If canned fish is part of your diet, you probably don't eat the entire can. Try freezing the rest in a small jar to eat four or five days later. Canned fish that has been frozen loses firmness, but this change in texture can be overcome by using partially defrosted fish on salad or by blending thoroughly defrosted fish into hot mashed cauliflower or potatoes along with the cooking broth. If you enjoy fish, this makes an amazingly good soup or chowder.

Many raw fruits freeze well. Some peeled fruits, such as sliced peaches, will need added ascorbic acid or lemon juice to control oxidation. Organic apricots and figs can be frozen by cutting them in half, spreading them out on a tray to freeze, and later packaging. Both fruits are best eaten when partially defrosted. Try putting organic bananas through a food processor or blender, adding a little ascorbic acid to control discoloration, and using the frozen puree later for "banana soup"; tapioca, banana puree, and water cooked to a desired consistency.

Fruit soups are popular in Europe and are frequently served in restaurants as desserts or appetizers. If you tolerate tapioca and can use sugar, why not experiment with sweetened fruit soups? If you've never cooked much with tapioca, start with the directions and proportions of liquid to tapioca shown on the box. Every fruit you can think of is a candidate for fruit soup. It is appropriate to eat tapioca fruit soup either hot or cold -- the preference is yours. Next time you want to give your mundane diet a lift, try a European fruit soup.

None of us want to spend all of our time in the kitchen. If each time you prepare basic foods from scratch you think to cook or bake more than needed for immediate consumption, it soon becomes habit to freeze "planned leftovers." This practice pays off in convenience and time saved.

Reprinted with permission from the author - Margot Engelman and *The Human Ecologist*, a Quarterly publication of the Human Ecology Action League, Winter 1993.

FEEDING CHILDREN

Annemarie Collin, author and director of The Natural Gourmet Cookery School in New York City, advocates this sensible diet for children: 30-35% whole grain cereals, crackers and bread; 10% beans, tofu, tempeh, peanut butter or nuts; 40% vegetables, cooked and raw; sea vegetables at least two or three times per week (little kids seem to love roasted nori as a snack); also as a snack, fresh fruit in season; animal protein should be limited to once or twice a week.

OUTDOOR AIR

"GULF WAR POISON"

At least some of the truth about "gulf war syndrome" surfaced in the *Santa Cruz (CA) Sentinel* June 12. The principal cause, determined by a U.S. Department of Agriculture researchers trying to enhance the killing power of pesticides, seems to have been a combination of "friendly poisons" administered by the Pentagon.

An Associated Press report on the *Sentinel* scoop said: "U.S. soldier uniforms were treated with the powerful agricultural insecticide, permethrin, that repels and kills bugs. Soldiers were also given insect repellent to put on their hands and faces, and some camps were sprayed with a third type of pesticide."

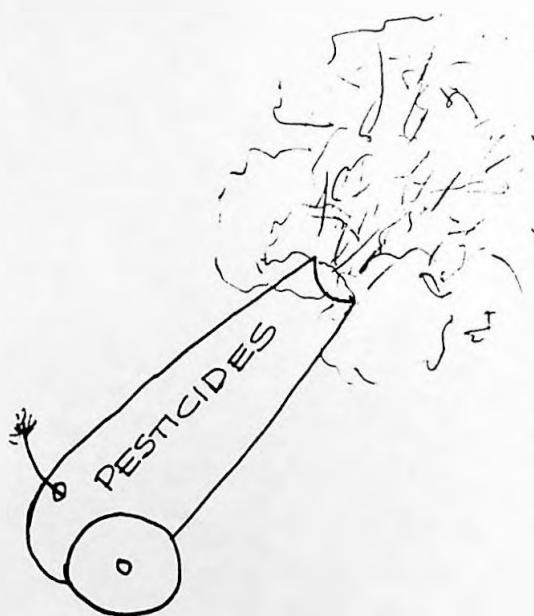
That should have been enough to produce an acute reaction. But at the same time they were being sprayed, Desert Storm troops also got "anti-nerve gas pills."

While searching for deadlier pesticides, USDA's James Moss of Gainesville, GA, "found that when the insect repellent, DEET was mixed with the anti-nerve gas pill, the repellent became 10 times more toxic to cockroaches. When Moss mixed the poisons used on the uniforms and the one sprayed on the camps, each pesticide became four times more toxic to roaches."

There were no tests stirring all of the poisons together in one toxic stew.

The Associated Press report said: "The Defense Department had separately tested the pills and two insecticides used by gulf war troops. But it had never examined what happens when the pills are used with an insecticide soaked into the soldier's uniforms and an insect repellent sprayed on their camps."

Other reports have blamed nerve gas vaccinations for the problems of an estimated 20,000 Desert Storm vets who now suffer from everything from rashes to destroyed central nervous systems. But the combination of poisons administered by the U.S.



military can be expected to eventually kill or incapacitate hundreds of thousands and perhaps millions of Desert Storm veterans and their offspring.

The Pentagon's response to the *Sentinel*, made through a less than articulate Lt. Col. Doug Hart, told as much about Food and Drug Administration procedures as it did about the military: "Obviously when the FDA tests a drug they don't check them in concert with other things, as a rule."

Meanwhile, USDA is apparently continuing the search for deadlier combinations of poisons in Florida.

Reprinted with permission from *The Wary Canary #10*, P.O. Box 2204, Fort Collins, CO 80522, \$23 U.S. a year.

POISONS IN THE GREAT LAKES

The U.S. General Accounting Office estimates that 56 million pounds of pesticides are used yearly in the United States and Canada in the Great Lakes watershed, including 46 million pounds used on agricultural crops. The remaining 10 million pounds

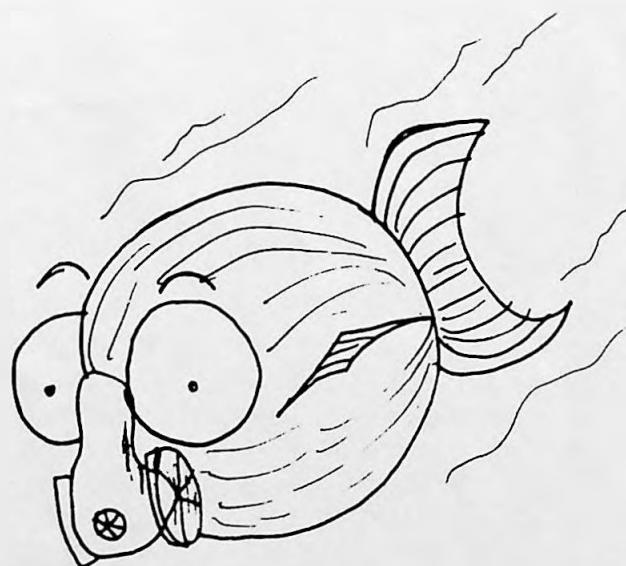
include 8 million used annually on lawns and more than 2 million pounds used on golf courses in the U.S. portion of the watershed.

Persistent pesticides that enter the Great Lakes remain there and become more concentrated over time because less than 1 percent of the Great Lakes water flows out of the lakes yearly. Some pesticides settle to the bottom of the lakes and bioaccumulate in the food chain. EPA is currently measuring the concentration of 9 herbicides. Preliminary results show that these pesticides are more persistent than previously thought.

The Great Lakes contain 95% of the nation's fresh water and provide 3 million gallons of water daily for domestic use by about 24 million people.

GAO/RCED-93-128 PESTICIDES: ISSUES CONCERNING PESTICIDES USED IN THE GREAT LAKES WATERSHED is available FREE from the *U.S. General Accounting Office, P.O. Box 6015, Gaithersburg, MD 20877*, or call (202)512-6000.

Reprinted with permission from *The Delicate Balance*, 1100 Rural Ave., Voorhees, NJ 08043, (609) 429-5358.



1993 U.S. PESTICIDE USE REACHES 2.23 BILLION POUNDS

In 1993, total U.S. pesticide use reached an estimated 2.23 billion pounds, up from 2.15 billion pounds in 1990, according to the Environmental Protection Agency's (EPA) June 1994 report, *Pesticide Industry Sales and Usage: 1992 and 1993 Market Estimates*. The study, which presents an overview of the U.S. pesticide industry for 1992 and 1993, reports that U.S. pesticide purchases account for one-third of the total world market in dollar terms, and one-fourth of the total volume of active ingredient.

During recent years, use of active ingredient in the U.S. has remained relatively stable at 1.1 billion pounds. The volume of pesticides used for agricultural purposes also remained steady at approximately three-fourths of the total use. The EPA attributes the stabilization to "lower application rates due to the introduction of more potent pesticides, more efficient use of pesticides, and lower farm commodity prices."

Findings include:

- Pesticides were used on more than 900,000 farms and in about 69 million households in the U.S.
- Annual pesticide user expenditures totaled approximately \$8.5 billion in 1993
- More pesticides and pesticide uses have been registered during the past year than in any year since 1975. In 1993, EPA registered 21 new uses and 20 new chemicals. In 1990, eight uses and eight chemicals were registered. The EPA attributes the increase to improvements in registration process and industry's expedient submission of data.

Source: Arnold L. Aspelin, Pesticide Industry Sales and Usage: 1992 and 1993 Market Estimates, Environmental Protection Agency, June 1994.

Reprinted from Global Pesticide Campaigner, Vol. 4, #3.

GAO EXAMINES MONITORING SYSTEMS FOR TRACKING PESTICIDE ILLNESSES AMONG FARMERS AND FARMWORKERS

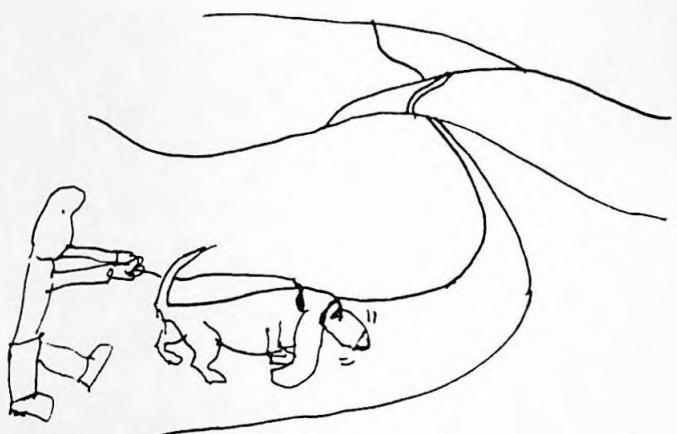
The U.S. General Accounting Office issued another report on pesticide exposures in 1993. **PESTICIDES ON FARMS** examines the absence of a valid or reliable monitoring system that would allow an estimate of the national incidence or prevalence of pesticide illnesses in the farm sector. The report focuses on the potential adverse health effects from the occupational use of pesticides on farms, and the extent to which government programs and regulations protect farmers and farmworkers.

National estimates of farmers, farmworkers, and their families range from 3.2 to 4 million people. EPA currently estimates that there are at least 20,000 illnesses associated with the occupational use of pesticides. Others have published estimates as high as 300,000.

The Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) mandates EPA to establish procedures for monitoring exposures to pesticides. There are currently no standardized data collection systems at the federal or state levels to determine the extent of illnesses associated with occupational exposure to pesticides on the farm. The report examines the strengths and weaknesses of existing monitoring systems and obstacles to collecting this information.

Reporting pesticide illnesses is discretionary on the part of patients and physicians. Underreporting is a primary problem. The present system requires that farmworkers recognize an illness as pesticide-related and seek medical help. It requires that physicians recognize the illness as pesticide-related, independent of the farmworker's assessment, and report the illness to a state monitoring system.

According to state agency officials, farmworkers often do not seek medical attention for a variety of reasons, including intimidation by employers, lack of available health care, lack of awareness of the symptoms of pesticide illnesses, and a reluctance to incur the financial losses by taking time from work required for reporting. Meanwhile, health care providers have also been inadequate in the



recognition, identification, and diagnosis of symptoms resulting from pesticide exposures due to lack of awareness and education, or because the symptoms are too general and indistinguishable from other causes of illnesses. State officials also point out that health care professionals are often unaware of state reporting requirements or simply do not take time to file reports.

The GAO reviewed state monitoring systems. All but California were regarded as limited in coverage, comprehensiveness, and quality of information. They also reviewed national surveys and data sources used by the EPA, including the Consumer Product Safety Commission's Electronic Injury Surveillance System, Colorado State University's Survey of Pesticide Poisonings, and the national database of the American Association of Poison Control Centers (AAPCC), as a means of collecting information on the nature and extent of pesticide-related illnesses that occur in the nation.

Copies of **GAO/PEMD-94-6 PESTICIDES ON FARMS: LIMITED CAPABILITY EXISTS TO MONITOR OCCUPATIONAL ILLNESSES AND INJURIES** are available **FREE** from the *U.S. General Accounting Office, P.O. Box 6015, Gaithersburg, MD 20877*, or call (202) 512-6000.

Reprinted with permission from *The Delicate Balance*, 1100 Rural Ave., Voorhees, NJ 08043, (609) 429-5358.

BOOK REVIEWS

THE CLEAN AIR GUIDE: HOW TO IDENTIFY AND CORRECT INDOOR AIR PROBLEMS IN YOUR HOME is a well-written, practical manual on clean air housing from Canada Mortgage and Housing Corporation. It provides step-by-step instructions on how to create and maintain an indoor environment with low levels of potentially unhealthy biological and chemical contaminants.

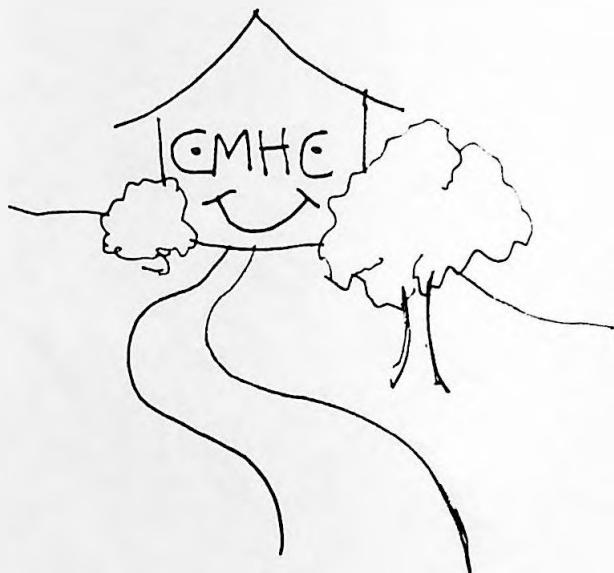
The booklet identifies three categories of people: those who have no reaction to low level chemicals; those with allergies, respiratory problems, and chemical sensitivities who are affected by irritants; and those who are hypersensitive and react adversely to extremely low level exposures. All people will benefit from a clean indoor environment, but the type and level of corrective action will, in part, be determined by known health problems from indoor contaminants.

The six steps to clean air housing require your participation. "You will need to learn to pay attention to what your eyes, ears, nose and brain are telling you about the environment that surrounds you."

The guide provides a worksheet, questionnaires, and charts to help you review your situation. You will be encouraged to develop a family health profile; assess air quality inside and outside your home; and develop an action plan based on an extensive survey of biological and chemical contaminants with a selection or corrective measures based on your health and economic needs.

This booklet is part of a series of excellent publications from the Canada Mortgage and Housing Corporation. Of interest, there are two Canadian programs that provide financial assistance to low income and disabled persons to service people in need of modifying their dwelling to correct indoor air problems.

Copies of **The Clean Air Guide** are available from the *Canada Mortgage and Housing Corporation, 700 Montreal Road, Ottawa, Ontario Canada K1A 0P7*, or call (613) 748-2000. Two previous publications



may also be of interest: **Survey of the Medical Impact of Environmentally Hypersensitive People of a Change of Habitat; Housing for the Environmentally Hypersensitive (Survey and Examples of Clean Air Housing)**.

Reprinted with permission from *The Delicate Balance*, 1100 Rural Ave., Voorhees, NJ 08043, (609) 429-5358.

Day, Charlene. **The Immune System Handbook: Your Owner's Manual**, Toronto: Potentials Within, 1991.

This wonderful, easy-to-read book introduces us to the cells of the immune system in a way that allows us to visualize them working. The author clearly identifies that visualizing can be very helpful in regaining your health because of the body/mind connection.

About one-third of the book is a five act play that characterized how the immune system fights bacteria, viruses, etc., Enjoy!

Chemical Sensitivity Volume 2: Sources of Total Body Load

by William J. Rea, MD, FACS.

Cloth, 560pp., \$90 (U.S.) plus 7% GST

Order from CRC Press, Inc., 2000 Corporate Boulevard, N.W., Boca Raton, Florida 33431

This medical text book "focuses on the wide range of environmental sources that can contribute to each person's total body load. Detailed attention is given to sources of water pollution and the effects of contaminated water on individual health. Similarly, other sources of pollution, including food, outdoor and indoor air, inorganic and organic chemicals, pesticides, formaldehyde, terpenes and terpenoids, the hazards of drugs and medical devices, and factors that compound, and hence, dramatically increase an individual's total body load are also explored."



Sugarman, Ellen. **Warning: The Electricity Around You May be Hazardous to your Health. How to Protect Yourself from Electro-Magnetic Fields** Toronto. Simon and Schuster, 1992

This is a very readable book. Sugarman uses clear language to explain the phenomena of low frequency magnetic fields, their sources and what we now know about their health effects. One could probably even use the summary of major studies in appendix A to argue a case with Hydro or school authorities. Ultimately, though, I found that the main message of the book was very depressing. Each of us needs to measure the strength of the magnetic fields in our homes, offices and schools and try to figure out how to get them below 1 milligauss. This will not be easy. I have not found a space in downtown Toronto where the low level magnetic fields are less than 1 milligauss.

Workplace Guide & Video on MCS

The Labor Institute has just published a curriculum and video on MCS. **Multiple Chemical Sensitivities at Work: A Training Workbook for Working People** is a one hundred page activity-oriented curriculum that describes what MCS is, the causes and effects, and suggestions for what workers can do about it. The 30 minute video, **MCS-An Emerging Occupational Hazard**, introduces the issue by following the lives of a group of workers affected by MCS. It includes interviews with advocates, experts, and physicians.

The development of the MCS training program was funded by the New York State Department of Labor Hazard Abatement Board. The project derived from the efforts of an *MCS in the Workplace Taskforce*, a group of unions, occupational physicians, and advocates coordinated by Tracy Frisch, New York Coalition for Alternatives to Pesticides.

Copies of the workbook are available for \$3; video for \$15. To order, send your check and make payable to: *APEX Press, Publications Office, P.O. Box 337, Croton-on-Hudson, NY 10520, (914) 271-6500.*

The above three reviews are written by Betty Auslander.

BASIC READING

BASIC READING ON ALLERGIES & SENSITIVITIES

ALLERGIES

Golas, Natalie and Golos Golbitz, Francis. Coping With Your Allergies. New York: Simon and Schuster, 1979.

Krohn, Jacqueline, M.D., Frances A. Taylor, M.A., and Eria Mae Larson, R.N., The Whole Way to Allergy Relief and Prevention, Vancouver: Hartley & Marks Ltd., 1991.

Randolph, Theron G., M.D. and Ralph Moss. An Alternative Approach to Allergies. New York: Harper & Row, 1990.

CHILDREN

Rapp, Doris, M.D. Is This Your Child? New York: William Morrow and Company Inc., 1991.

Crook, Wm. G., M.D. and Stevens, Laura. Solving the Puzzle of Your Hard-To-Raise Child. Random House, 1991.

FOOD

Hurt Jones, Marjorie. The Allergy Self Help Cookbook. Emmaus PA: Rodale Press, 1984.

Crook, Wm. G., M.D. Tracking Down Hidden Food Allergies. Jackson, Tennessee: Professional Books, 1980.

Greenberg, Ron and A. Nori. Freedom from Allergy Cookbook. Vancouver: Blue Poppy Press, 1988.

HOUSE

Bower, John. The Healthy House. New York: Carol Publishing, 1991.

Dadd, Debra Lynn. Non-Toxic Natural and Earthwise. New York: Jeremy P. Tarcher, Inc., 1990.

Rousseau, Rea, Enwright. Your Home, Your House and Wellbeing. Vancouver: Hartley and Marks, 1989.

Zamm, A.V., and Cannon, R. Why Your House May Endanger Your Health. N.Y.: Simon and Shuster, 1980.

A BIT MORE TECHNICAL

Ashford, Nicholas, A., Ph.D., J.D., and Claudia S. Miller, M.D., M.S. Chemical Exposures-Low Levels and High Stakes. New York: Van Nostrand Reinhold, 1991.

Bell, Iris, R., M.D., Ph.D. Clinical Ecology - A New Medical Approach to Environmental Illness. Bolinas, CA: Common Knowledge Press, 1982.

Rogers, Sherry A., M.D. Tired or Toxic? Syracuse, N.Y.: Presitge Publishing, 1990.

INFORMATION RESOURCE LISTS

Available from Joanna Anderson, 356 Rankin Dr., Burlington L7N 2B4.

Chemical Exposures - General
Chemical Exposures - Technical
Chemical Exposures - Formaldehyde
Children
Food and Diet
Housing and Environmental Sensitivity
Indoor Air - Molds and Fungi
Indoor Air - Carpets
Indoor Air - General

PRODUCT/SERVICE LISTS

Also available from J. Anderson:

Carpets & Underpads
Children's Camps in Ontario
Bedding - Ontario
Respirators

TIP SEEKERS

USE TEA TREE OIL FOR DUST MITES AND MOLD

Thirty drops in your washing machine along with your regular detergent will not only kill dust mites, but will remove some of the softeners and detergents from clothing which regular laundering can never remove. The distinct Tea Tree odor completely disappears when laundry is dry.

Tea Tree oil can also be used to rid your house of mold. Put 1 teaspoon of Tea Tree oil and about 1 cup of water into a plant spritzer. Shake. Open closet and cupboard doors, and close all windows. Aim the spritzer as high up as you can and saturate the room with the mist. Leave for one or two hours, and upon returning, open the windows and air the room thoroughly for about an hour or two before occupying. Even the oldest buildings can be kept mold-free for about two months with this treatment. Repeat when needed.

The same basic procedure will eliminate mold from air conditioners. Take the front piece off and mist the intake grill with the Tea Tree oil mixture. With the vent on "closed", turn on the fan, open the windows, and leave for at least one hour. In moldy environments, this could be done every other week.

Tea Tree oil comes in several different grades. One of the purest and most acceptable to the sensitive is DESSERT ESSENCE which is found in most health food stores.

Doris Brundza

USE THYME OIL FOR FORMALDEHYDE ODOURS

Thyme oil is great for inactivating the formaldehyde in shoes and clothing. For shoes, leave them in their box. Shake several drops of thyme oil onto two tissues or cotton balls and place them in the box with the shoes, but not touching them. Also put a small open bottle of thyme oil in the box, scotch-taping it to the box so it won't spill onto the shoes.

accidentally. Close the box and let the shoes be treated by the fumes for 2-3 weeks. Replenish the thyme oil on the tissues once a week. After taking them out, air the shoes for about 3 weeks.

The process for clothing is shorter. Hang the garment in a closet where it has plenty of room around it. Place several thyme-oiled tissues in the closet plus the open bottle of thyme oil. Close the closet and seal it with tape. Remove the garment a week later and air for about two weeks before washing or wearing. Do not wash clothing in thyme oil; thyme works best as an airing agent.

Thyme oil can also take the chemicals out of new building materials and carpeting. Simply leave several thyme-oiled tissues or cotton balls in the room and close it up for a week or two. When you open up the room and air it out, the thyme smell should be gone in a few days, along with some of the outgassing chemicals in the walls and carpeting! Thyme oil in hot water is also a great household cleaner.

Doris Brundza

CAR FILTERS

Ford of Canada has announced that 1995 Ford Contours and Mercury Mystiques will feature a MicronAir® Filter as standard equipment.

The MicronAir Filtration System effectively prevents most pollens, spores, road dust and bacteria from entering the car, improving air quality and increasing comfort for all occupants.

Ford's MicronAir® purification system is capable of removing virtually 100 percent of all airborne particles larger than three microns in size.

At the heart of the system is a three-stage filter comprising a multi-layered sandwich of fibre sheets.

(continued on Page 23)

PROFESSIONAL LISTINGS

PROFESSIONAL LISTINGS

We are developing lists of health professionals who work with the environmentally sensitive. If you are interested in having your name put on this list, send a letter describing the kind of services you provide to Betty Auslander, 85 Walmsley Blvd., Toronto, Ontario, M4V 1X7.

We are providing this list as a service to our members. However, each member should decide very carefully who she/he wants to work with. Inclusion in these listings does not imply endorsement by the AEHA.

MEDICAL DOCTORS IN THE CANADIAN SOCIETY FOR ENVIRONMENTAL MEDICINE

Doctors, who are members of the Canadian Society for Environmental Medicine, mainly work with patients that have environmental sensitivity disorders like multiple chemical sensitivity, asthma, hay fever, dermatitis, chronic fatigue syndrome, candida and lupus. Most of these doctors have taken extra training in this area through the American Academy of Environmental Medicine.

J. Aubry, M.D., Sturgeon Falls, 705-753-2300
P. Bright, M.D., Mississauga, 416-564-0122
L. Gilka, M.D., Ottawa, 613-820-6118
R. Greenberg, M.D., Vancouver, 604-733-1055
A. Haque, M.D., Regina, 306-757-6688
H. Krop, M.D., Mississauga, 416-564-0122
J. MacLennan, M.D., Dundas, 416-628-8241
R. Mickelson, M.D., Gloucester, 613-830-5764
J. Molot, M.D., Ottawa, 613-235-6734
W. Tetz, M.D., Lacombe, 403-782-3513
M. Zazula, M.D., Mississauga, 416-276-7754

OTHER HEALTH PROFESSIONALS

H. Adirim, DDS, ND, Toronto 416-922-6866
N. Ajina, MD, ND, Vancouver 604-737-3600
F. Anello, M.D., Cambridge 519-653-3731
M. Basie, DDS, Vancouver 604-736-7455
N. Beserminji, MD, DN, Toronto 416-265-3309
R. Chan, MD, Toronto 416-223-8666
F. Chen, MD, ND, Halifax 902-492-8839
L. Christian, ND, Willowdale/Oakville 416-226-4478
D. Colson, DDS, Toronto 416-482-2133
S. Gislason, MD, Vancouver 604-872-5999
J.P. Grod, DC, Etobicoke 416-695-3613
B. Ihara, ND, Victoria, 604-478-1333
P. Jaconello, MD, Toronto 416-463-2911
K. Kerr, MD, Toronto 416-927-9502
I. Korman, ND, Willowdale 416-222-3175
J.W. LaValley, M.D., Chester 902-275-4555
D. Li, MD, ND, Halifax 902-492-8839
D. Manchester, ND, Kamloops 604-372-8900
J. Phillips, PSYCH., North Bay 705-476-1635
S. Pilar, MD, Vancouver 604-739-8858
A. Powell, MD, Toronto 416-469-4250
Z. Rona, MD, Toronto 416-534-8880
G. Roth, DC, ND, Toronto 416-234-1888
J. Seale, MD, Ottawa 613-830-1298
F. Shamess, DC, Victoria 604-727-9501
F.L. Stanfield, MD, Calgary 403-294-1187
H. Steele, NC, Chatham 519-354-3660
W.H. van Hoogenhuize, MD, Bradford 905-775-2976; Collingwood 705-444-1555
G. Wagstaff, ND, Winfield 604-766-3633
K. Wolch, DMD, Toronto 416-281-4746
A.A. Wood, DC, ND, Shelburne 519-925-0122
P. Yam, MD, ND, Sidney 604-656-7178

DC - Chiropractor; **ND** - Naturopath; **DDS** - Dentist

ENVIRONMENTAL HEALTH CLINICS

Women's College Hospital, Toronto 800-417-7092
Randolph Clinic, Chicago 708-577-9451
Maley Clinic, Texas 903-793-1153
Nova Scotia Clinic, Halifax 901-428-7087
Tri-City Hospital, Dallas 214-381-7171

WORK RELATED CHEMICAL SENSITIVITIES

To help you determine whether you are sensitive to items at work: Occupational Health Unit, Lakeshore area, Multi-Service Project, 185 5th Street, Etobicoke, Ont., M8V 2Z5 416-252-6471, Ext. 229

SOURCE DIRECTORY

BUILDERS & RENOVATORS

Arkwright Design Consultants Ltd., Toronto
416-463-8373
Green City Design, Toronto 416-691-2477
Greg Allen & Associates, Toronto 416-962-6193
Lowans & Stephen, Caledon 519-940-0964
Rulestone Renovations, Toronto 416-694-6016

ARCHITECTS/DESIGNERS

Greg Allen & Associates, Toronto 416-962-6193
Arkwright Design Consultants Ltd., Toronto
416-463-8373
David Leslie, Quebec 418-648-8168

CONSULTANTS

B. Auslander, Household Environmental Audits,
416-487-2061
M. Burstyn, Patient information about chronic illness
416-832-0789
A. Dow, Healthy Homes and Workplaces, Red Deer,
403-341-4710
P. Kwong, EMS Consultant, Red Deer, 403-340-
8603
S. Savary, Home Environmental Audits, 514-733-
9481
B. Small, expertise in building products that contain
minimal levels of chemical irritants
416-649-1356

COTTON SUPPLIERS

Fabricland
C. McDiarmid, Born to Love, 15 Silas Hill Drive,
North York, Ontario M2J 2X8
Textile Connection and Natures Clothing Co.,
26 Harding Blvd., Richmond Hill, Ont., L4C 1S8,
905-508-7539
Helen Turner, Box 151, Perdue, Sask., S0K 3C0

GOVERNMENT AGENCIES

For complaints regarding paint and/or pesticides
write: Product Safety Bureau, Health Protection
Branch, Place du Portage, Phase I, 17th Floor, 50
Victoria Street, Hull K1A 0C9

For cosmetic complaints write: Disinfectants and
Cosmetics Division, Health Protection Branch, 1600
Scott St., Holland Cross, Tower B, 4th Floor, Ottawa
K1A 1B6

GRASSROOTS ORGANIZING

School Air Quality, 30 Riverdale Ave.,
Toronto M4K 1C3
Toronto Biotechnology Initiative 416-392-4780

INFORMATION

Consumer Health Information Service will provide
lists and copies of articles on any medical problem of
interest to you. 1-800-667-1999.
Green Eclipse - free referral service on healthy home
products and services, Toronto 416-966-7416; Ottawa
613-788-3100.

PESTICIDE ALTERNATIVES

Canadian Organic Growers Quarterly, Box 6408,
Station J, Ottawa, Ont., K2A 3Y6
Community Supported Agriculture, Box 127,
Wroxeter, Ontario N0G 2X0
Organic Gardening Information, 1-800-268-2000

TRAVEL GUIDE

ACCOMODATIONS LISTING available from
Human Ecology Action League, Box 49126, Atlanta,
GA 30359 (\$5.50 U.S.)

VOLUNTEERS NEEDED

Illness Following Exposure to Toxic Carpets
416-766-9382
Mattresses - Made to order
Beam Bedding, Waterloo 519-743-3219
Ontario Bedding, Fergus 519-843-1100
Royal Mattress, Head Office 416-681-2023

CALENDAR OF EVENTS

Indoor Air Quality in Practice
Moisture and Cold Climate Solutions.

Oslo, Norway
20 - 22 June, 1995.

Call 613-737-2005

AEHA Toronto Support Group Meeting
March 25, 1995, 10:00 a.m.

Call Betty Auslander at 416-487-2061
for information.

(continued from Page 20)

The particulate filter can easily be replaced by the car owner. Inexpensive replacement filters are needed every 24,000 kilometres or 16,000 kilometres in heavy use. The filter is durable – capable of functioning in temperatures from -40°C to 98°C.

The filter has been used in the McKenzie's car for over a year. The McKenzie's severely asthmatic son has been able to travel through the mountains, across farm country and into cities, in all weather conditions, without discomfort.

NOTE: Not a VOC filter.

*Jon Harmon
Ford Motor Co. of Canada*

MEMBERSHIP APPLICATION

Membership including a subscription to the Quarterly is \$25.00 per year.

Name: _____

Address: _____

Postal Code: _____

Phone: Home: _____

Work: _____

Fax: _____

Date: _____ New: _____ Renewal: _____

Which branch, if any, you would like to belong to: _____

Annual membership: \$25.00

Donation: _____

Total: _____

Make cheque or money order payable to:
Allergy and Environmental Health Association,
P.O. Box 40604, Burlington, Ontario L7P 4W1

Comments: _____

AEHA BRANCHES

NATIONAL

AEHA CANADA

P.O. Box 40604
Burlington, Ontario, Canada
L7P 4W1
PH: 1-800-695-9271

BRANCHES

BRITISH COLUMBIA

c/o Jean Stevens
P.O. Box 1231
Logan Lake, B.C.
V0K 1W0
PH: 604-523-9965

HAMILTON-BURLINGTON

Pres: Linda DeMarchi
1510 Oakhill Drive
Oakville, Ontario
L6J 1Y5
PH: 905-336-2562

KITCHENER

Pres: Donna Keddie
513 Quiet Place #2
Waterloo, Ontario
N2L 5L6
PH: 519-885-2803

LONDON

Linda Whitlock
RR#3, Melbourne, Ontario
N0L 1T0
PH: 519-289-2440

NEW BRUNSWICK

Pres: Margaret Kelly
P.O. Box 4073
Dieppe, N.B.
E1A 6E7
PH: 506-855-4990

NOVA SCOTIA

Pres: Greg Booth
P.O. Box 31323
Halifax, N.S.
B3K 5Y5
PH: 902-477-5803

OTTAWA

Elizabeth Stutt
196 Sherway Drive
Nepean, Ontario
K2J 2G6
PH: 613-825-8388
FX: 613-725-1070

PRINCE EDWARD ISLAND

Debbie Lutz
3 Charlotte Drive
Charlottetown, P.E.I.
C1A 2N6

QUEBEC

Nancy Hamilton
1938 Perodeau
Vaudreuil, PQ
J7V 8P7

VICTORIA, BC

Pres: Katy Young
1019 Lodge Avenue
Victoria, BC
V8X 3B1
PH: 604-384-8892

WATERLOO-WELLINGTON

Pres: Colleen Crowe
11 Drew Avenue
Cambridge, Ontario
N1S 3R2
PH: 519-896-1833

RESOURCE MATERIALS

Joanna Anderson
356 Rankin Drive
Burlington, Ontario
L7N 2B4
PH: 905-637-5146